

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham,  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
99 FEB -1 PH 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000722**

1. Corporation Name

**DIOS ESTA AQUI, INC.**

Principal Place of Business  
19300 NW 87 PL  
MIAMI FL 33015  
US

Mailing Address  
19300 NW 87 PL  
SUITE 224  
MIAMI FL 33015  
US

If above addresses are incorrect in any way, line through incorrect information and enter correct on below

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
7306 W 20 AVE.  
City & State  
HIALEAH, FL  
Zip 33016 Country

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
P.O. BOX 4763  
City & State  
HIALEAH, FL  
Zip 33014 Country

4. Date Incorporated or Qualified To Do Business in Florida  
02/12/1993

5. FEI Number  
59-3186997

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City & State
PD	KIRCOS, MIGUEL A	19300 NW 87 PL	MIAMI FL
TVP	BALEKIAN, ANA M	19300 NW 87 PL	MIAMI FL
D	LAGO, PABLO	781 W 80 ST	HIALEAH FL
D	NUNEZ, HENRY	13322 S.W. 43 LANE	MIAMI FL

8. Name and Address of Current Registered Agent

KIRCOS, MIGUEL A  
19300 NW 87 PLACE  
MIAMI FL 33015

9. Name and Address of New Registered Agent

Name  
ALFREDO CORTES

Street Address (P.O. Box Number is Not Acceptable)  
18302 SW 33 ST

Suite, Apt. #, Etc.

City  
MIRAMAR

State  
FL

Zip Code  
33029

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  
MIGUEL KIRCOS  
REGISTERED AGENT MUST SIGN

Date  
12/14/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **ALFREDO CORTES** **PABLO LAGO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/98 305-826-8811